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Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (954)288-0845

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FOREIGN PROFIT/NONPROFIT CORPORATION STITCH FIX, INC.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Stitch Fix, Inc.		<u> </u>		
	torporation; must include "INCORPORATED; forp." "Inc," "Co," or "Corp.")	" "COMPANY." "CORPORAT	TION,"	
				2319
If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of trans	acting business	in Florie
Delaware	3.	27-5026540	**. **.	-,
(State or count	y under the law of which it is incorporated)	770 July 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	if applicable)	
02/11/2011		Perpetual	-11 1.14	=======================================
453	Date of incorporation) (Date of duration, if other than perpetua		· -	
(Dati			~ :	-3-
03/28/2018	(Date first transacted business in (SEE SECTIONS 607,1501 & 607,1; Ste 1500, San Francisco, CA 94104	n Florida, if prior to registration) 502, F.S., to determine penalty libral office address)		,
03/28/2018 Montgomery S	(Date first transacted business in (SEE SECTIONS 607,1501 & 607,1) Ste 1500, San Francisco, CA 94104 (Princip	502, F.S., to determine pennity li	الر	
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03/28/2018 1 Montgomery S	(Date first transacted business in (SEE SECTIONS 607,1501 & 607,1; Ste 1500, San Francisco, CA 94104 (Principal)	oal office address) ng address, if different)	الر	
03/28/2018 I Montgomery S same Name and stree Name:	(Date first transacted business in (SEE SECTIONS 607,1501 &: 607,1; Ste 1500, San Francisco, CA 94104 (Princip (Current mailing) (and address of Florida registered agent: (P.C.)	oal office address) ng address, if different)	الر	
03/28/2018 1 Montgomery S same	(Date first transacted business in (SEE SECTIONS 607,1501 &: 607,1; Ste 1500, San Francisco, CA 94104 (Princip (Current mailing) et address of Florida registered agent: (P.C.)	oal office address) ng address, if different)	الر	

Having been named as registered agent and to accept service of process for the above stated corporation at the pla designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacit further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

James M. Halpin

Assistant Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdic under the law of which it is incorporated.

Chairman: Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS SEE ATTACHMENT President: Address: Vice President: Address: Secretary: Address: Teasurer: Address: NOTE: If necessary, you may inselv an addendum to the application listing additional officers and/or directors. 12. Signature of Director officer The officer or director signing this document and who is listed in number 11 above) affirms that the facts stated her are true and that he or she is aware that false information submitted in a document to the Department of State constit a third degree felong as provided for in s.817.155. F.S. 13. Scott Darling, Chief Legal Officer and Secretary	A. DIRECTORS SEE ATTACHMENT	
Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS SEE ATTACHMENT President: Address: Vice President: Address: Secretary: Address: Treasurer: Address: Treasurer: Address: Treasurer: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated her are true and that he or she is aware that false information submitted in a document to the Department of State constit a third degree felony as provided for in s.817.155, E.S.	Chairman:	
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13. Scott Darling, Chief Legal Officer and Secretary	The officer or director signing this document (and whate true and that he or she is aware that false informat	no is listed in number 11 above) affirms that the facts stated be tion submitted in a document to the Department of State consti
	13. Scott Darling, Chief Legal Officer and Secreta	шу

Attachment to Florida Officers & Directors

Full Name:

Officer/Director:

Officer's Title.

Business Address:

City: State

ZIP Code:

2 Full Name:

Officer/Director:

Officer's Title:

Business Address:

Dubiticas / tuc

City: State:

ZIP Code:

Full Name;

Officer/Director:

Officer's Title:

Business Address:

City:

State: ZIP

Code:

Full Name.

Officer/Director: Officer's Title:

Business Address:

City:

State:

ZIP Code:

5 Full Name:

Officer/Director:

Officer's Title:

Business Address:

City:

State:

ZIP Code:

6 Full Name:

Officer/Director.

Officer's Title:

Business Address:

City:

State:

ZIP Code.

Full Name:

7

Officer/D Irector:

Officer's Title:

Business Address:

Mike Smith v

Officer

Chief Operating Officer and

President

1 Montgomery St Ste 1500

San Francisco

CA 94104

Scott Darling 🗸

Officer

Chief Legal Officer and Secretary

1 Montgomery St Ste 1500

San Francisco

CA 94104

Paul Yee

Officer

Chief Financial Officer

1 Montgomery St Ste 1500

San Francisco

CA

94104

Katrina Lake 🗸

Officer, Director

Chief Executive Officer

1 Montgomery St Ste 1500

San Francisco

CA 94104

54 I U 4

Liz Williams

Director

1 Montgomery St Ste 1500

San Francisco

CA

94104

Mikkel Svane

Director

1 Montgomery St Ste 1500

San Francisco

CA

94104

Kirsten Lynch

Director

1 Montgomery St Ste 1500

TATECHASSEE FLERIDA

City: San Francisco CA State: ZIP Code: 94104 Full Name: Sharon McCollam Officer/Director: Director Officer's Title: Business Address; 1 Montgomery St Ste 1500 City: San Francisco -CA State: 94104 ZIP Code: Full Name: Marka Hansen Officer/Director: Director Officer's Title: Business Address: 1 Montgomery St Ste 1500 City: San Francisco State: ZIP Code: 9.1,104 10 Full Name: Steve Anderson Officer/Director: Director Officer's Title: Business Address; 1 Montgomery St Ste 1500 San Francisco City: CA State: ZIP Code: 94104 11 J. William Gurley Full Name: Director Officer/Director: Officer's Title: 1 Montgomery St Ste Business Address: 1500 City: San Francisco . CA State: ZIP Code: 94104

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STITCH FIX, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF—THIS

OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE
BEEN PAID TO DATE.

at corp.delaware.gov/auth

4939273 8300 SR# 20197596080

BEEN FILED TO DATE.

Authentication: 20381288

Date: 10-17-1

You may verify this certificate online at corp.delaware.gov/authver.shtml